

SOUTHOLD TOWN ZONING BOARD OF APPEALS

Phone (631) 765-1809 Fax (631) 765-9064

Instructions for Accessory Bed and Breakfast in Existing Dwelling
Special Exception Application

Please submit eight (8) collated sets of the following with the ORIGINAL SIGNED SET on top:

1. **Application Form** typed or neatly printed. (Your application will be read during the hearing.)
2. **The following Forms filled out completely:** Project Description form, two Questionnaire forms, Agricultural Data form, Short EAF form, Transactional Disclosure form (owner and agent)
3. Please include **current owner's name and address** (if different from applicant).
4. Please submit copies of all **Certificates of Occupancy** covering all structures, together with a copy of the **current Deed** of the premises showing proof of owners. Submit a copy of your **Town property card** and **current photos of the dwelling**.
5. The owner must reside in the principal dwelling before an Accessory Bed and Breakfast Apartment is applied for. Please **provide two forms of documented proof of full time owner-occupancy**, which may include a copy of a voter registration, NYS tax return, utility bills, driver's license, and/or a notarized affidavit by property owner.
6. An original and seven copies (total 8) of **building plans of existing floors** drawn to scale and signed by the preparer showing:
 - a. Square Footage of floor areas; all spaces labeled, show hallways and exits.
 - b. Rooms labeled for accessory Bed and Breakfast occupancy with square footage noted.
 - c. Rooms for owner's use labeled with square footage noted.
 - d. B&B rooms MUST be within the main dwelling, not in a separate building.
7. Original and seven (7) copies (total 8) of **available survey** showing all setbacks of existing structures and uses of all structures, together with parking area with two owner's spaces (minimum size 9 ft. x 18 ft. for each space) and one additional space for each B&B room applied for.
8. **A \$750.00 filing fee** (payable to Southold Town Clerk). Please either mail or drop off your application forms. Your filing receipt will be mailed later to you, after review and acceptance by ZBA representatives.
9. At a date in the near future, you will receive a letter detailing the next step for "Notice to Surrounding Property Owners" under Ch. 55 of the Town Code along with posting instructions. We will supply you with the Tax lot numbers of properties to be notified. You must confirm current landowners' mailing addresses according to the assessment/tax records (located either at the County Center Real Estate Office in Riverhead, or Southold Town Assessors Office).

After reviewing your documentation, notification will be sent to you by mail or fax confirming the expected date and time of the public hearing (at which one property owner-resident must attend). **The ZBA office will call to schedule an appointment for the ZBA Board members to conduct an on site inspection of your proposed Bed and Breakfast prior to the hearing.** An Accessory B&B Permit is **not transferable** to a future owner; any future owner must reapply. An annual renewal inspection is required by the Building Department. Please feel free to call either 765-1809 or the Building Department at 765-1802 if you have any questions concerning these procedures.

PLEASE NOTE: IT IS THE APPLICANT/AGENT'S RESPONSIBILITY TO REVIEW THE CONTENTS OF THEIR ZBA OFFICE FILE FOR UPDATES ON ANY CORRESPONDENCE RECEIVED FROM NEIGHBOR'S AND/OR AGENCIES SUCH AS LWRP, COUNTY PLANNING, TRUSTEES, TOWN PLANNING, ETC. PRIOR TO THE DATE OF ANY SCHEDULED PUBLIC HEARING. THANK YOU

**ZONING BOARD OF APPEALS
TOWN OF SOUTHBOLD, NEW YORK
Phone (631) 765-1809 (631) 765-9064**

**ACCESSORY BED and BREAKFAST IN EXISTING DWELLING
APPLICATION FOR SPECIAL EXCEPTION**

Application No.
Date Filed:

TO THE ZONING BOARD OF APPEALS, SOUTHBOLD, NEW YORK:

Applicant(s),

_____ of

Parcel Location: House No. _____ Street _____ Hamlet _____

Contact phone numbers: _____

SCTM 1000 Section _____ Block _____ Lot(s) _____ Lot Size _____ Zone District _____

hereby apply to THE ZONING BOARD OF APPEALS for a SPECIAL EXCEPTION in accordance with
the ZONING ORDINANCE, ARTICLE III , SECTION 280 , SUBSECTION 13(B)14

for the following uses and purposes:

as shown on the attached survey/site plan drawn to scale.

A. Statement of Ownership and Interest:

_____ is (are) the owner(s) of property known and
referred
to as

(House No., Street, Hamlet)

identified on the Suffolk County Tax Maps as District 1000, Section _____, Block _____,
Lot _____, and shown on the attached deed.

The above-described property was acquired by the owner on _____.

- B. The applicant alleges that the approval of this exception would be in harmony with the intent and purpose of said zoning ordinance and that the proposed use conforms to the standards prescribed therefore in said ordinance and would not be detrimental to property or persons in the neighborhood for the following reasons:

- C. In addition to meeting the standards prescribed by the zoning ordinance, the following requirements will be met:

1. The accessory B&B will be located only in the principal dwelling.

2. The owner of the premises shall occupy the existing single-family dwelling unit as the owners' principal residence.
3. A smoke alarm shall be provided on each floor and in every guest room. A fire safety notice shall be affixed to the occupied side of the entrance door of each bedroom for B&B use indicating; 1) means of egress, 2) location of means for transmitting fire alarms, if any; and 3) evacuation procedures to be followed in the event of a fire or smoke condition or upon activation of a fire or smoke-detecting or other alarm device.
4. No sleeping rooms for B&B use shall be located above the second story.
5. The dwelling shall have at least two (2) exits and there shall be a window to code to provide emergency egress in every sleeping room for B&B use. Means of egress shall include at least one of the following alternatives: 1) A portable escape ladder that attached securely to the sill, shall be provided for second story rooms for B&B use, constructed with rigid rungs designed to stand off from the building wall, it shall be capable of sustaining a minimum load of 1,000 pounds, and shall extend to and provide unobstructed egress to open space at grade, 2) an exterior stair per code, 3) or limited area sprinkler system per code.
6. There shall be no exterior signage identifying the use as a Bed and Breakfast in residential areas.
7. No accessory apartment, as authorized by Section 280-13(B)(14), shall be permitted in or on premises for which a Bed and Breakfast is authorized or exists.
8. This conversion shall be subject to a building permit, inspection by the Building Inspector and Renewal of Certificate of Compliance annually.
9. The existing building, together with this Bed and Breakfast, shall comply with all other requirements of Chapter 280 of the Town Code of the Town of Southold.
10. This conversion for the Bed and Breakfast shall comply with all other rules and regulations of the New York State Construction Code and other applicable codes.

D. The property which is the subject of this application is zoned _____ and
☐ has not changed since the issuance of the Certificate of Occupancy attached.
☐ has changed or received additional building permits, and Certificates of Occupancy for these changes are attached or will be furnished.

 (Signature)

COUNTY OF SUFFOLK)

ss.:

STATE OF NEW YORK)

Sworn to before me this ____ day
 of _____, 20_____.

 (Notary Public)

**APPLICANT/OWNER
TRANSACTIONAL DISCLOSURE FORM**

The Town of Southhold's Code of Ethics prohibits conflicts of interest on the part of town officers and employees. The purpose of this form is to provide information which can alert the town of possible conflicts of interest and allow it to take whatever action is necessary to avoid same.

YOUR NAME : _____
(Last name, first name, middle initial, unless you are applying in the name of someone else or other entity, such as a company. If so, indicate the other person's or company's name.)

TYPE OF APPLICATION: (Check all that apply)

Tax grievance _____	Building Permit _____
Variance _____	Trustee Permit _____
Change of Zone _____	Coastal Erosion _____
Approval of Plat _____	Mooring _____
Other (activity) _____	Planning _____

Do you personally (or through your company, spouse, sibling, parent, or child) have a relationship with any officer or employee of the Town of Southhold? "Relationship" includes by blood, marriage, or business interest. "Business interest" means a business, including a partnership, in which the town officer or employee has even a partial ownership of (or employment by) a corporation in which the town officer or employee owns more than 5% of the shares.

YES _____ **NO** _____

If you answered "YES", complete the balance of this form and date and sign where indicated.

Name of person employed by the Town of Southhold _____

Title or position of that person _____

Describe the relationship between yourself (the applicant/agent/representative) and the town officer or employee. Either check the appropriate line A) through D) and/or describe in the space provided.

The town officer or employee or his or her spouse, sibling, parent, or child is (check all that apply) :

- _____ A) the owner of greater than 5% of the shares of the corporate stock of the applicant (when the applicant is a corporation)
- _____ B) the legal or beneficial owner of any interest in a non-corporate entity (when the applicant is not a corporation)
- _____ C) an officer, director, partner, or employee of the applicant; or
- _____ D) the actual applicant

DESCRIPTION OF RELATIONSHIP

Submitted this _____ **day of** _____, **20** _____

Signature _____

Print Name _____

AGENT/REPRESENTATIVE
TRANSACTIONAL DISCLOSURE FORM

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YES _____ **NO** _____

If you answered "YES", complete the balance of this form and date and sign where indicated.

Name of person employed by the Town of Southhold _____

Title or position of that person _____

Describe the relationship between yourself (the applicant/agent/representative) and the town officer or employee.

Either check the appropriate line A) through D) and/or describe in the space provided.

The town officer or employee or his or her spouse, sibling, parent, or child is (check all that apply) :

_____ **A) the owner of greater than 5% of the shares of the corporate stock of the applicant (when the applicant is a corporation)**

_____ **B) the legal or beneficial owner of any interest in a non-corporate entity (when the applicant is not a corporation)**

_____ **C) an officer, director, partner, or employee of the applicant; or**

_____ **D) the actual applicant**

DESCRIPTION OF RELATIONSHIP

Submitted this _____ **day of** _____, **20** _____

Signature _____

Print Name _____

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION:	
Municipality _____	County _____
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS:	
<input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED:	
Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?	
<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other	
Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>	<p>If yes, coordinate the review process and use the FULL EAF.</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- ☐

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

Reset

**QUESTIONNAIRE
FOR FILING WITH YOUR ZBA APPLICATION**

- A. Is the subject premises listed on the real estate market for sale?
_____Yes _____No
- B. Are there any proposals to change or alter land contours?
_____No _____Yes please explain on attached sheet. _____
- C. 1.) Are there areas that contain sand or wetland grasses?_____
- 2.) Are those areas shown on the survey submitted with this application?_____
- 3.) Is the property bulk headed between the wetlands area and the upland building area?_____
- 4.) If your property contains wetlands or pond areas, have you contacted the Office of the Town trustees for its determination of jurisdiction?_____Please confirm status of your inquiry or application with the Trustees:_____and if issued, please attach copies of permit with conditions and approved survey.
- D. Is there a depression or sloping elevation near the area of proposed construction at or below five feet above mean sea level?_____
- E. Are there any patios, concrete barriers, bulkheads or fences that exist that are not shown on the survey that you are submitting?_____Please show area of the structures on a diagram if any exist or state none on the above line.
- F. Do you have any construction taking place at this time concerning your premises?_____If yes, please submit a copy of your building permit and survey as approved by the Building Department and please describe:_____
- G. Please attach all pre-certificates of occupancy and certificates of occupancy for the subject premises. If any are lacking, please apply to the Building Department to either obtain them or to obtain an Amended Notice of Disapproval.
- H. Do you or any co-owner also own other land adjoining or close to this parcel?_____If yes, please label the proximity of your lands on your survey.
- I. Please list present use or operations conducted at this parcel _____ and the proposed use _____
_____. (ex: existing single family, proposed: same with garage, pool or other)

Authorized signature and Date

Board of Zoning Appeals Application

AUTHORIZATION

(Where the Applicant is not the Owner)

I, _____ residing at _____
(Print property owner's name) (Mailing Address)

_____ do hereby authorize _____
(Agent)

_____ to apply for variance(s) on my behalf from the

Southold Zoning Board of Appeals.

(Owner's Signature)

(Print Owner's Name)